

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047062

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149
Filed DEC 26 1962Primary Registration District No. 1002Registrar's No. 6225

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Rex L. DiveleyUSE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas</u>	
Length of stay in lb <u>5 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4739 Georgia</u>	
3. NAME OF DECEASED (Type or print) First <u>Virgo</u> Middle <u>E.</u> Last <u>Madison</u>		4. DATE OF DEATH Month <u>December</u> Day <u>5</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/9/1893</u>
9. AGE (last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switch Tender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
11. BIRTHPLACE (City and state or country) <u>Kans. City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Madison</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Parsons</u>	
14. NAME OF HUSBAND OR WIFE <u>Georgia Madison</u>		Address <u>4729 Georgia K.C., Kansas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>			
16. SOCIAL SECURITY NO. <u> </u>			
17. INFORMANT <u>Georgia Madison</u>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture neck Right femur</u> DUE TO (b) <u>Fall</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mal nutrition, Arthritis, Ulcers Stomach & Heart</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell out of bed</u>		20c. TIME OF INJURY Hour <u>4 p.m.</u> Month, Day, Year <u>11 29 62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
20f. CITY, TOWN, OR LOCATION <u>Kansas City</u>		COUNTY <u>Kans</u> STATE <u>Kans</u>	
21. I attended the deceased from <u>11-30-62</u> to <u>12-5-62</u> and last saw her alive on <u>12-5-62</u> Death occurred at <u>St. Lukes Hospital</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Rex L. Diveley, M.D.</u>		22b. ADDRESS <u>4312 J.C. Nichols Parkway</u>	
22c. DATE SIGNED <u>12/1/62</u>		22d. LOCATION (City, town, or county) <u>Kansas City, Kansas</u>	
23a. BURIAL, CREMATION, REMOVA (Specify) <u>Burial</u>		23b. DATE <u>12/8/1962</u>	
23c. NAME OF CEMETERY OF CREMATORY <u>Maple Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Kansas</u>	
24. FUNERAL DIRECTOR <u>R.A. Fulton</u>		ADDRESS <u>K.C., Kansas</u>	
25. DATE RECD. BY LOCAL REG. <u>12-8-62</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

4312 JCNichols Proky
In Dickson & Dively

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph A. Smith

Licensed Embalmer No. 3053

P. O. Address RC Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.